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RETURN VISIT INTAKE

Due to privacy regulations, we cannot ask you questions from the check in window or out open in the lab. To expedite your visit, please complete the following. Please note that you may be asked to provide a current insurance card and/or photo ID.

Date: _____

1. Name: _____ Date of birth: _____

Has there been any change in your contact information since last visit? yes, please update below no, skip to #6

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Mobile phone: _____ Home Phone: _____

5. Email Address: _____

6. Medical history:

Pharmacy Name and Number: _____

Reason(s) for your visit (please list all): _____

Have you had any new medical problems or surgeries since last visit? yes, please list below no

Any new medications since last visit? (including contraception, supplements, vitamins): yes, please list below no

Have you had any bloodwork since last visit? yes, please list below (tests done, by whom, and date) no

Last menstrual period: _____ Drug allergies: _____ none